

Provincial Contractor Services, LLC

1572 Columbia Tpke
Castleton, NY 12033

Estimate

Date	Estimate #
10/24/14	274

Name / Address
TD Development LLC 720 Eagle Street Mason, OH 45040 Attn: Thomas W. Clifford

			Project
Description	Qty	Rate	Total
Scope of work performed is to be conducted at 69 Church Street Canajoharie, NY 13317 - former Beechnut plant. PCS will provide all services for asbestos abatement and cleanup of 67.5 sq ft of ACM debris in buildings #43 and #44. The abatement work shall be completed in 13 minor size tent enclosures. NOTE: PCS requires a fifty percent of total cost down payment prior to starting this project: \$2,540.00		5,083.30	5,083.30
		Total	\$5,083.30

Phone #
518-365-4775

New York State – Department of Labor

Division of Safety and Health
License and Certificate Unit
State Campus, Building 12
Albany, NY 12240

ASBESTOS HANDLING LICENSE

Provincial Contractor Services, LLC

1572 Columbia Turnpike

Castleton, NY 12033

FILE NUMBER: 10-53902

LICENSE NUMBER: 53902

LICENSE CLASS: FULL

DATE OF ISSUE: 08/29/2014

EXPIRATION DATE: 08/31/2015

Duly Authorized Representative – Mark Teliska

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

Eileen M. Franko

Eileen M. Franko, Director
For the Commissioner of Labor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/24/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DeMattos Insurance Agency Inc Po Box 2022 Glens Falls, NY 12801	CONTACT NAME: Tony DeMattos Jr VP	
	PHONE (A/C, No, Ext): 518-798-0057 FAX (A/C, No): 518-798-1684	
	E-MAIL ADDRESS: tonydemo@demattosinsuance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Provincial Contractor Services LLC 1572 Columbia Turnpike Castleton, Ny 12033	INSURER A: Main Street America Assurance Co	29939
	INSURER B: National Grange Mutual Ins Co	14788
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MPV52055	06/22/2014	06/22/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			B1V52055	06/22/2014	06/22/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUV52055	06/22/2014	06/22/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV52055	11/01/2014 11/01/2013	11/01/2015 11/01/2014	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Installation Floater			MPV52055	06/22/2014	06/22/2015	Limit: 100,000 per 30 days max rented. 100,000 Installation Floater

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

TD Development LLC
Atten: Thomas W Gifford
720 Eagle Street
Mason, OH 45040

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Type text]

Proposal for Asbestos Abatement Services

To: Thomas W. Clifford
TD Development LLC
720 Eagle Street
Mason, OH 45040

Provincial Contractor Services LLC (PCS) is pleased to provide you with this price quote for the Asbestos Abatement Project located at the former Beechnut plant located at 69 Church Street Canajoharie, NY 13317. The project will be restricted to the procedures put forth in the Variance and work plan provided by Albany Asbestos Consultants LLC and approved by the NYSDOL on October 17, 2014, for the cleanup of 67.5 square feet of ACM debris in buildings #43 and #44. The abatement work shall be completed in 13 minor size tent enclosures.

All Abatement work shall be conducted in adherence to NYCRR Part 56, Approved Variance # 14-0590, US OSHA, US EPA and all other applicable state and federal regulations.

PCS agrees to provide all services for asbestos abatement on the above stated project for the cost of **(\$5,083.30) Five Thousand, eighty three dollars and thirty cents**. PCS requires a fifty percent of total cost down payment prior to starting this project, **(\$2,540.00) Two Thousand, Five Hundred Forty Dollars**. The estimated time for the completion of this project is 3 calendar days from order to proceed.

If you have any questions do not hesitate to call me at (518)701-9934.

Respectfully Submitted,

William T. King
Project Manager
Provincial Contractor Services LLC

By signing this proposal TD Development LLC agrees to the terms and conditions as stated above:

X: _____
Todd W. Clifford
TD Development LLC

I have received this signed proposal and shall conduct the project according to the established work plan as stated in this document:

X: _____
xxxxxxx
PCS Contracting Services

[Type text]

From: wmkings@nycap.rr.com
Subject: Beechnut
Date: October 23, 2014 at 4:05 PM
To: Mark Teliska mteliska@me.com

Hi Mark,

The e-mail address for Todd Clifford is toddwclifford@gmail.com. Be sure to send a copy of your license and proof of insurance.

Thanks,

Bill